





Fig. 2

Fig. 3

CROP IMPROVEMENT ASSOCIATION APPLICATION FOR FIELD INSPECTION

APPLICANT

Member No. _____ County _____

Name _____

Address _____
Route, Box or Street Number

City _____ State _____ Zip _____

Telephone () _____

Residence: Township _____ Sec.No. _____

GROWER

County _____

Name _____

(Please Print)

Address _____
Route, Box or Street Number

City _____ State _____ Zip _____

Telephone () _____

Residence: Township _____ Sec.No. _____

Information such as distances and directions from the nearest town, highway numbers or landmarks that will aid inspectors in locating farm and fields to be certified.

INSTRUCTIONS

1. Use a separate application blank for soybeans. Use special application form for perennial crops.
2. Use a separate application blank for each grower.
3. Apply before the dates given. A late application fee will be charged for applications received after these dates.

All crops except Soybeans **APPLY BEFORE** _____ June 15Soybeans **APPLY BEFORE** _____ August 1

4. List each field separately.
5. Be sure to sign your application and _____ keep second copy for your records.
6. Enclose a tag or other proof of seed source
7. Show location of field and indicate field number on **MAP ON BACK OF WHITE COPY.**

FIELD NO.	PRODUCT I.D.	SEED CLASS TO BE PRODUCED	NO. OF ACRES	APPROX. DATE PLANTED	PREVIOUS CROP IN FIELD	IDENTITY OF SEED PLANTED ³

1. F = Foundation R = Registered C = Certified QA = Quality Assurance RR = Roundup Ready IP = Identity Preserved
2. If previous crop same as crop grown this year, note variety and class of previous crop.
3. Identity of seed planted (See instructions for Filing Applications for Field Inspections).

The undersigned affirms that standards, regulations and procedures
_____ will be followed in producing,
processing and handling seed from the fields included in this application.

Signature of Applicant

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Fig. 4

LABORATORY REPORT

Company:

Attn:

Fax:

Date of Report:

Date Sample(s) Received:

Total Samples Processed: 1

Sample Code:

Customer Sample ID:

Sample Type: soybeans

Sample Weight: 2 lbs.

Amount of genetically modified material in sample within a confidence interval of ten percent:

☐ Greater than 1%

☐ Less than 1.0% and greater than or equal to 0.1%

☒ Negative at the operational limit of detection of less than 0.1%

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Date of Inspection _____

Plant Name _____ Plant No. _____

Address _____ Zip Code _____ Phone No. _____

Manager _____ Years experience _____

Mill Operator _____ Years experience _____

Years of Operation _____ Years approved _____

Approved for _____

Does plant keep required records?

Does plant file required reports promptly?

Does plant keep processed and unprocessed samples of seed?

Does plant identify each bag of cleaned seed with a tab or stencil?

How are samples taken? Mill _____ Bagger _____ Probe _____

What lot numbering system is used? _____

Does plant use sequence and appointment cleaning?

Is there complete cleanup between lots and varieties?

Is required and recommended maintenance done from year to year?

Fig. 5B

EQUIPMENT	EVALUATION	RATING
1. _____ Make _____ Model _____	Condition of machine, accessories and related equipment - _____ _____ _____	_____ _____
2. _____ Make _____ Model _____	Condition of Machine, accessories and related equipment - _____ _____ _____	_____ _____
3. _____ Make _____ Model _____	Condition of Machine, accessories and related equipment - _____ _____ _____	_____ _____
4. _____ Make _____ Model _____	Condition of Machine, accessories and related equipment - _____ _____ _____	_____ _____

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[illegible]

Fig. 5D

PLANT CONSTRUCTION	EVALUATION	RATING
<u>PIT</u>	<u>PIT</u>	
Number _____	Condition _____	
Common or separate _____	Accessibility _____	
	Is there a cover for the pit? _____	
<u>LEGS -BOOTS -HEADS</u>	<u>LEGS -BOOTS -HEADS</u>	
Number _____	Condition of legs and cups. _____	
Common or separate _____	Are there spacers behind the cups? _____	
	Leg accessibility _____	
	Boot condition _____	
	Boot accessibility _____	
	Head condition _____	
	Head accessibility _____	
<u>SPOUTS</u>	<u>SPOUTS</u>	
Number _____	Condition _____	
<u>DISTRIBUTER</u>	<u>DISTRIBUTER</u>	
Make _____	Condition _____	
Number _____	Condition of gasket _____	
Type (3 way 6 way etc.) _____	Accessibility of Inspection Door _____	
	Cleanliness inside _____	
	Proper adjustment _____	
<u>BINS</u>	<u>BINS</u>	
Type of bins _____	Condition of inside bin walls _____	
Number of bins _____	Are bins numbered? _____	
Capacity of bins _____	Are bins covered? _____	
	General cleanliness of the following:	
	Mill Room _____	
	Basement _____	
	Head house _____	

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Fig. 5E

PLANT INSPECTION SUMMARY AND ANNUAL REPORT

Plant Name _____ Address _____

Plant Manager _____

Rating _____ Ratings are based on individual ratings for equipment and plant construction added together and divided by the total number of ratings.

Scales: 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Equipment Repairs or Improvements Needed: _____

Construction Repairs or Improvements Needed: _____

Operation changes suggested: _____

Changes Made In Past Years: _____

Tag Printing Privileges: Yes___ No___ Tags On Hand: Reg. ___ Cert. ___

Number Of Tags Used Past Years: _____

Date _____ Inspector _____

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Fig. 5F

OPTIONAL

Cleaning Performance Record

<u>Crop</u>	<u>No. Lots Cleaned</u>	<u>No. Lots Rejected</u>	<u>Reason</u>

Rating on Above
